

Nursing Facility Adult Day Care Agreement

Name of Facility: _____
Tax ID Number: _____
Address: _____
City: _____
State/Zip Code: _____
Phone: _____
Administrator: _____
ADC Director: _____
Hours of Operation: _____

Put an (X) by Services which will be offered:

_____ Transportation	_____ Whirlpool Baths	_____ Meals
_____ Falls Prevention	_____ Physical Therapy	_____ OT
_____ Other, Please list _____		

Identify services clients will be charged an extra cost not associated with the Adult Day Care rate. List the cost?

I do hereby agree to provide adult day care services to Adult Services and Aging clients who qualify for the Long Term Care Alternatives Program or the Title XIX Waiver, and are in need of this service. An individual plan of care will be developed for each participant and activities will be provided which will enhance their lives and promote independence. I further agree to designate an individual as the Adult Day Care Director and will provide a separate area where participants may rest. I also agree to maintain contact with the Adult Services and Aging Social Worker and keep that individual informed on the status of the client.

This Agreement is from _____ to _____ at a rate of _____ per hour. This rate includes supervision, activities, meals and health screening.

Nursing Facility Administrator

Date

ASA Social Worker or Supervisor

Date